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08306 U.S. PTO
10/626947



PTO/SB/05 (03-01)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 9117M	
		First Inventor LAWRENCE EDWARD DOLAN	
		Assignee THE PROCTER & GAMBLE COMPANY	
		Title MULTICOLORED STRIPED DENTIFRICE COMPOSITION	
		Express Mail Label No. EV 249871096US	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [23] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets []</p> <p>4. Oath or Declaration Total pages [2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 complete)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p>		<p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>	
ACCOMPANYING APPLICATION PARTS			
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>16. <input type="checkbox"/> Other:</p>			
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>1</u></p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		(Insert Customer No. here) 27752	

Name (Print/Type)	Betty J. Zea	Registration No. (Attorney/Agent)	36,069
Signature	<i>Betty J. Zea</i>	Date	<i>7/25/03</i>

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**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

C m p l t i f K n w n

Application Number	
Confirmation Number	
Filing Date	
First Named Inventor	LAWRENCE EDWARD DOLAN
Examiner Name	
Group/Art Unit	
Attorney Docket No.	9117M

TOTAL AMOUNT OF PAYMENT (\$750.00)**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒
- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	<input checked="" type="checkbox"/>
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$750.00)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity**

		Extra Claims	Fee from Below	Fee Paid
Total Claims	[9] - 20** =	[0] x	<input type="checkbox"/>	= [0]

Independent Claims [1] - 3** = [0] x ☐ = [0]Multiple Dependent ☐ = [0]


** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251	110	Extension for reply within 1 st month	<input type="checkbox"/>
1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>
1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>
1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>
1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>
1401	320	Notice of Appeal	<input type="checkbox"/>
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	Request for oral hearing	<input type="checkbox"/>
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	Design issue fee	<input type="checkbox"/>
1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
		Other fee (specify) _____	<input type="checkbox"/>
		Other fee (specify) _____	<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)**

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Betty J. Zea	Registration No.	36,069	Telephone (513) 622-3952
Signature		Date	7/25/03	

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